



## Registration for 2010

Camper's name:			
Date of birth:		Age in August 2010:	
Grade in Sept 2010:		Team (If returning camper):	
Parents' name(s):			
<b>Primary contact information:</b>			
Address:			
City:			
State:		Zip Code:	
Telephone 1:			
Telephone 2:			
Email Address 1:			
Email Address 2:			
<b>For new campers:</b>			
How did you hear about SEL?			
<b>Amount enclosed:</b>			
Deposit:	\$450.00		
Other:			
Tax-deductible donation to SEL Scholarship Fund:			
Total:			
<b>Parent's Authorization</b>			
The camper herein described has permission to engage in all planned camp activities, except as noted by me and the examining physician on the official medical form. By signing below, I also give Singing Eagle Lodge permission to use photographs of my daughter in any of its publications, including brochure, website and slideshows.			
Parent's Signature:			
Printed Name:			
Date:			

Please mail this form with your \$450 deposit to

Erin O'Connell 30 Half Moon Isle Jersey City, NJ 07305
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